

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097787181**

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 5 | / | | / | | / | |
| 6 | 0 | | / | | / | |
| 7 | 0 | | / | | / | |
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| 9 | 0 | | / | | / | |
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| TOTAL IND. | 1 | | | | 1 | |
| TOTAL DEP. | 8 | | | | 14 | |
| TOTAL CLAIMS | 9 | | | | 15 | |

| | IND. | | DEP. | | IND. | |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |